

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90181 029 \*\*\*\*61.25

**DOCUMENT # 757542**

1. Entity Name

**SEA DUNES PIECES OF EIGHT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4375 S. ATLANTIC AVENUE  
 NEW SMYRNA BEACH FL 32169

P.O. BOX 2674  
 NEW SMYRNA BEACH FL 32170  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2553428**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JERI-Ann McCauley~~  
 HIGKEY, R.M.  
 4375 S. ATLANTIC AVE #7  
 NEW SMYRNA BEACH FL 32169

~~JERI-Ann McCauley~~  
 Street Address (P.O. Box Number is Not Acceptable) #7  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME POPE, TED  
 STREET ADDRESS 39605 SWIFT RD  
 CITY-ST-ZIP EUSTIS FL 32736  
 Deceased ☒ Delete

TITLE President  
 NAME George Eichner  
 STREET ADDRESS 204 Quayside Circle #604  
 CITY-ST-ZIP Maitland FL 32751  
☐ Change ☒ Addition

TITLE VT Vice President  
 NAME MCCAULEY, JERI-ANN  
 STREET ADDRESS 4375 S ATLANTIC AVE #7  
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169  
☐ Delete

TITLE Treasurer  
 NAME JERI-Ann McCauley  
 STREET ADDRESS 4375 S. ATLANTIC AVE #7  
 CITY-ST-ZIP New Smyrna Beach, FL 32169  
☐ Change ☒ Addition

TITLE VOT  
 NAME POPE, PED  
 STREET ADDRESS 39605 SWIFT ROAD  
 CITY-ST-ZIP EUSTIS FL 32736  
 Deceased ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeri-Ann McCauley* 5/14/02  
 Date Daytime Phone #

386-424-0754

CR2E037 (9/01)